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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Robert H. Getzenberg

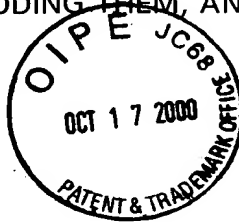
Entitled: RENAL NUCLEAR MATRIX PROTEINS, POLYNUCLEOTIDE SEQUENCES ENCODING THEM, AND THEIR USE

Serial No. 09/050,991

Filing Date: March 31, 1998

Examiner: J. Epps

Art Unit: 1635



**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment A in the above-identified application.

[ X ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

[ X ] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	51	47	4	x \$18.00	\$72.00
Independents:	0	4	0	x \$80.00	\$0.00
First presentation of any Multiple Dependent Claims:			+	\$270.00	\$0.00
CLAIMS FEE TOTAL:					\$72.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:			\$110.00
CLAIMS AND EXTENSION FEE TOTAL:			\$182.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$91.00
TOTAL FEE:			\$91.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$91.00 . A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$91.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Oct. 17, 2000

By Stephen B Maebius

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